

**City of Chamblee  
5468 Peachtree Road  
Chamblee, GA 30341**



**APPLICATION  
FOR  
OCCUPATION TAX CERTIFICATE**

**COMMERCIAL  
BUSINESS**

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## Occupational Tax Certificate Checklist TO REGISTER A COMMERCIAL BUSINESS

THE FOLLOWING INFORMATION APPLIES TO ALL NEW BUSINESS OWNERS,  
CHANGES OF OWNERSHIP, AND BUSINESS RELOCATIONS.

*Please read and follow-through with all steps prior to signing a lease/agreement of any kind.*

**STEP 1:** The City Development Department requires all new applicants to complete and submit a **Zoning Verification Form** in order to review business type, business location zoning district and tenant renovations\* for City Code compliance. This form is available online at [www.chambleega.gov](http://www.chambleega.gov), Chamblee City Hall or the Chamblee Development Department: 3506 Broad Street, Chamblee, GA 30341. *Subject to approval or denial*

### RENOVATIONS/CONSTRUCTION OF ANY KIND MUST BE REVIEWED, APPROVED & PERMITTED BY THE DEVELOPMENT DEPARTMENT

**STEP 2:** Life-Safety review, inspection and Certificate of Completion must be completed by the DeKalb County Fire Marshal's Office. This step requires the issuance of a Fire Marshal permit number from the City of Chamblee Development Department prior to submission of documents to the Fire Marshal's Office – **330 West Ponce De Leon Avenue, 2<sup>nd</sup> Floor, Decatur, GA 30030 (404) 371-6208**. Additional documents that may be required by the Fire Marshal Inspectors may include: Move In As-Is Affidavit, Change of Ownership Affidavit and floor plan drawings. *Processing fees apply*

### GENERAL BUSINESS INFORMATION:

- Business owners needing information regarding **Federal Tax Identification Numbers** are urged to contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov).
- **Six digit 2012 North American Industry Classification System (NAICS) Code** can be found on your business, personal or sales tax filing. You can also find NAICS Codes on the US Census Bureau Website at: <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>.
- **The Business Profitability Class Schedule and Tax Rate** (updated in 2015) can be found on the city website at: <http://www.chambleega.com/DocumentCenter/View/379>.

### BUSINESSES ENGAGING IN FOOD SERVICE, FOOD PREPARATION AND/OR CATERING:

- **Board of Health Food Service and most recent approved inspection report is required.**  
DeKalb County Board of Health – 445 Winn Way, Suite 320, Decatur, GA 30030 (404) 508-7900
- **F.O.G. (fats, oils, greases) Certificate of Water Discharge permit is required.**  
DeKalb County Department of Watershed – 330 West Ponce De Leon Ave., 3<sup>rd</sup> Floor, Decatur, GA 30030 (404) 687-7150

### BUSINESSES ENGAGING IN WHOLESALE AND/OR RETAIL PACKAGED FOOD SALES:

- **Food Sales Establishment License is required.**  
Georgia Department of Agriculture – 19 Martin Luther King, Jr. Drive SW, Atlanta, GA 30334 (404) 363-7646

### BUSINESSES ENGAGING IN RETAIL SALES OF ANY KIND\*

- **Applicants must apply for and obtain a State of Georgia Sales Tax Identification Number.**  
Georgia Department of Revenue – 1800 Century Blvd, Atlanta, GA 30345 <https://gtc.dor.ga.gov>

### BUSINESSES ENGAGING IN BANKING, MONEY TRANSFERS, AND/OR CHECK CASHING:

- **Money Transmitter/Check Casher Certificate is required.**  
Georgia Department of Banking and Finance – 2990 Brandywine Rd, Suite 200, Atlanta, GA 30345 (770) 986-1633

### FOR SALES OF ALCOHOLIC BEVERAGES:

- Contact Emmie Niethammer – City Clerk at (470) 395-2305 [eniethammer@chambleega.gov](mailto:eniethammer@chambleega.gov)

### FOR PROFESSIONAL LICENSING:

- Contact the Georgia Secretary of State at (678) 207-1300 [www.sos.ga.gov](http://www.sos.ga.gov)

### FOR BUSINESSES ENGAGING IN BODY CRAFTING:

- Contact the DeKalb County Board of Health (info listed above)

**STEP 3:** Fill out the attached Commercial Business Occupational Tax Certificate registration forms completely and attach copies of all required documentation applicable to your business type (as outlined above) including a copy of a signed, current lease in the owner's name and submit all documents to the City of Chamblee – Occupational Tax Office: 5468 Peachtree Road, Chamblee, GA 30341. All copies must be presented at the time the application is filed with the City. Any missing, incomplete or false information or failure to present copies of documentation will delay approval of the application. Total tax and fees are due upon submittal. Cash, money orders, credit/debit cards (except American Express), business and personal checks are accepted. Occupational taxes are renewable each calendar year thereafter. Businesses that show proof of non-profit status are except from the fee requirement but still need to register.

# APPLICATION TO REGISTER A COMMERCIAL BUSINESS

Name of Business (include d/b/a if applicable)

Business Location (Street and Suite #)

City

State

Zip

( ) -

Business Phone

( ) -

Fax number

NAICS CODE (6 digit number): Start Date of Business within the City of Chamblee: / /

Description of Business Activity:

Professional Practitioners (State Licensed) please choose: ☐ \$400 Flat Fee ☐ Gross Receipts

Non-Professionals must supply their yearly Gross Receipts (see below)

Type of Ownership: ☐ Proprietorship ☐ Partnership ☐ Corporation // ☐ For Profit ☐ Non-Profit (copy of 501(c) required)

Business Owner Name (Company and/or Individual – Please print)

Business Mailing Address (if other than above)

City

State

Zip

- -

Cell or Home Phone

- -

Alternate Phone

Email Address

Fed. ID # (FEIN #)

**OR**

Social Security #

GA Sales Tax #

**STATEMENT OF CONFIDENTIALITY:** Information provided by a business or practitioner to the City of Chamblee for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the *Official Code of Georgia*. Such information may be provided to the governing authority of another local government for Occupation Tax purposes or pursuant to court order or for the purpose of collecting Occupation Tax or prosecution for failure or refusal to pay Occupation Tax.

**APPLICANT AFFIDAVIT:** *I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for Business Occupation in the City of Chamblee, and am aware that failure to comply with said requirements could result in revocation of my Occupation Tax Certificate (Business License) and/or legal action by the City of Chamblee.*

Signature of Business Owner or Owner's Representative Title

Date: / /

## Formula to Calculate Tax:

### 1. Taxable Gross Receipts

Estimated Gross Receipts: \$ - \$50,000 = \$  
(Cannot be less than \$0.00)

### 2. Gross Receipt Tax

Total from Line 1 \$ x 0.000 = \$  
Tax Revenue Based on Class

### 3. Number of Employee(s):

(Must be at least 1) x \$10 = \$

(Please include number of employees/volunteers even if you are filing for exempt status)

### 4. Flat Tax

**\$125.00**

**Total Tax Due (Add lines 2, 3, and 4) = \$**

## OFFICE USE ONLY:

Zoning Verification: ☐ Approved ☐ Denied ☐ Fire Marshal Approval ☐ Lease

Approved: Denied: Date: Class #:

Amount paid: \$ ☐ Cash ☐ Credit card ☐ Check # ☐ Money order #

# COMMERCIAL BUSINESS QUESTIONNAIRE

(Use additional sheet if necessary)

Provide the names, home addresses, date of birth, social security and driver's license information for the business owner. If a Corporation, list the corporation's agent and officers with titles. If a Sole Proprietorship or Partnership, list business owner(s) with titles.

Name		Title	
Street Address		City	State Zip
Home Phone Number	Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expires

Name		Title	
Street Address		City	State Zip
Home Phone Number	Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expires

Name		Title	
Street Address		City	State Zip
Home Phone Number	Cell Phone		
Date of Birth	Social Security Number	Applicant Driver's License No. & State	Expires

Does the State of Georgia regulate your business? If yes, please attach a photocopy of your state card or proof of non-profit status. ☐ Yes ☐ No

Has this business ever been denied from operating, or had its right to operate revoked or suspended in any state? If yes, explain in detail. ☐ Yes ☐ No

Have you or any partner, stockholder or local manager (if a corporation) ever been convicted of a felony? If yes, explain in detail including dates, locations and offenses. ☐ Yes ☐ No

Applicant Signature: Business Owner or Owner's Representative/Title

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n)

\_\_\_\_\_  
[Occupational Tax Certificate, Alcohol License, or other document required to operate your business]

as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as \_\_\_\_\_ verifies one of the following with respect to my application for the above mentioned document:

**1. Choose ONE of the following:**

- a. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. *If the employer selected (a) please fill out Section 2 below.*
- b. \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

**2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 201\_\_\_\_  
in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**THIS IS A TWO SIDED FORM. EACH SIDE MUST BE NOTARIZED.**



**S.A.V.E AFFIDAVIT**  
**Affidavit Verifying Residency Status of an Applicant as Required**  
**by the Georgia Security and Immigration Compliance Act**  
**O.C.G.A. § 50-36-1(e)(2)**

\*\* This form is required for ALL LICENSES/PERMITS by State Law\*\*

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- ☐ I am a United States citizen,  
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document\*.)
- ☐ I am a legal permanent resident of the United States\*\*, or  
(Must include a copy of your Permanent Resident Card or other approved document\*.)
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security of other federal immigration agency\*\* (Must include a copy your Employment Authorization Card or other approved document\*.)

\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

\*A complete list of verifiable document can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).

**THIS IS A TWO SIDED FORM. EACH SIDE MUST BE NOTARIZED.**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law<sup>1</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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<sup>1</sup> Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.





## BUSINESS EMERGENCY CONTACT FORM

EMERGENCY SERVICES CONTACT INFORMATION.  
THIS FORM MUST BE FILLED OUT COMPLETELY.

Name of Business

Business Street Address

Suite/Apt. #

City

State

Zip Code

Name of Business Owner (Company and/or Individual – Please print)

Business Phone

Emergency Phone

Cell Phone

E-mail

Type of Business (Explain)

Size of Business in Sq.Feet, or

Dimensions

Alarm System: ☐ Yes ☐ No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? ☐ Yes ☐ No If yes, please list:

### IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Home Street Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Other

Second Contact

Home Street Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Other

Third Contact

Home Street Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

Other

Name of Building/Property Owner

Home Street Address

Suite/Apt.#

City

State

Zip Code

Home Phone

Cell Phone

E-mail